

# Foster Family Home - Corrective Action Report

**Provider ID:** 1-512964

**Home Name:** Rosemarie Pe Benito, RN

**Review ID:** 1-512964-8

91-1027 Ho'ohilu Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 1/8/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed CCFFH recertification. corrective action required to CTA within 30 days

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) APS/CAN ECRIM checks are past due for SCG # 3 and APS CAN

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) No TB clearance for SCG # 3, the screening form was not signed by a practitioner

Foster Family Home	Client Care and Services	[11-800-43]
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43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present for Client # 1, caregiver # 3

Foster Family Home	Fire Safety	[11-800-46]
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46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) No documentation of fire drills since 1/2018

# Foster Family Home - Corrective Action Report

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

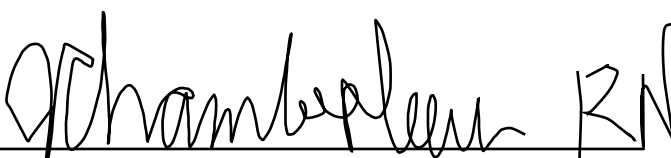

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

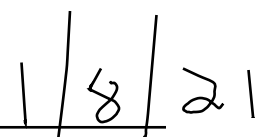

54.(c)(5) Medication administration record not signed for client # 1 2 or 3 since 1/05/2021

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list has not been documented since 1/05/2021 for client 1,2 and 3

54.(c)(5) Medication discrepancy for client # 2 medication prescription label did not match medication administration record and / or the signed MD orders. CMA RN to determine if a medication error has occurred

  
Compliance Manager  
  
Primary Care Giver

SCG

  
Date  
  
Date

**CTA RN Compliance Manager: Reply to Terri Van Houten RN/Jackie Chamberlain RN**

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Rosemarie Pe Benito

**(PLEASE PRINT)**

CCFFH Address: 91-1027 Ho'ohilu St. Ewa Beach Hawaii 96706

**(PLEASE PRINT)**

<b>Rule Number</b>	<b>Corrective Action Taken- How was each issue fixed for each violation?</b>	<b>Date each violation was fixed</b>	<b>Prevention Strategy- How will you prevent each violation from happening again in the future?</b>
8.[a][1] APS/CAN and eCrim- SCG #3	Ecrim clearance on SCG #3 was completed on 1/18/2021.	1/18/2021	PCG will check every 6 months and secure before it expire.
41.[f][1]	TB Clearance of SCG #3 was completed and signed by a Physician on 2/4/2021.	2/4/2021	PCG will monitor TB clearance of all SCG every 6 months before it expire.
43.[c][3] No RN delegation for client #1, on Caregiver #3	RN delegation was completed and signed by SCG and RN Case Manager on 1/19/2021.	1/19/2021	PCG will monitor resident's RN delegation to be completed by all PCG/ SCG and Case Manager also is completed each residents admission and on new medication or treatment.
46.[a] No documentatio n on fire drill since 1/2018	Fire Drill was performed and completed on 10/6/2020, 11/14/2020, 12/5/2020 and 1/10/2021.	1/10/2021	PCG will conduct fire drill every month and monitor completion at the end of every month.
54.[c][5] Medication Administrati on Record for client #1, #2, #3 were not signed.	Medication Administration Record were signed on 1/5/2021 on client #1, #2 and #3 and on going.	1/5/2021	PCG or SCH will monitor that Medication Administration is signed everyday and going.

☒ All items that were fixed are attached to this CAP

PCG's Signature: Rosemarie Pe Benito

Date: 2/4/2021

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Reply to Terri Van Houten RN/Jackie Chamberlain RN

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Rosemarie Pe Benito

(PLEASE PRINT)

CCFFH Address: 91-1027 Ho'ohilu St. Ewa Beach Hawaii 96706

(PLEASE PRINT)

54.[c][6] No Daily documentatio n on personal care of client #1, #2 and #3.	Daily documentation on Personal services/skilled nursing daily check list is completed on 1/5/2021 and on going.	1/5/2021	PCG or SCG will monitor that Personal Care documentation check list is done and signed everyday.
54.[c][5] Medication discrepancy for client #2, signed by MD	Medication ordered by MD was signed and on file during state visit. PCG/SCG documented and signed on 1/5/2021.	1/5/2021	Monitor new medication ordered to document in MAR right away and sign everyday.

☒ All items that were fixed are attached to this CAP

PCG's Signature:  Rosemarie Pe Benito

Date: 2/4/2021

☒ CTA has reviewed all corrected items